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APPLICANTS
 Rebecca Anne Baril, Chicago, IL;

**** CONTINUING DATA ******* *RGB*

**** FOREIGN APPLICATIONS ******* *RGB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>RGB</i> Initials	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
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ADDRESS
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TITLE
 Medical foot helper for diabetic, arthritic, disabled, elderly and obese persons

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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